

MOTION BY SUPERVISOR GLORIA MOLINA

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In April 2008, the Board of Supervisors directed the Department of Health Services (DHS) to report to the Board of Supervisors every two weeks regarding various indicators of overcrowding at the LAC+USC Medical Center. The purpose of these reports are not simply to receive and file data, but rather to actively monitor the degree of overcrowding at the hospital so that problems may be addressed immediately and proactively.

In the last several months, DHS has brought forward information showing that LAC+USC is “severely” or “dangerously” overcrowded between 25 and 50 percent of the time—a trend that is not improving. When the LAC+USC hospital is dangerously overcrowded, there are often 100 patients waiting in the Emergency Room, many who wait 24 hours or more.

We must ensure that we are prepared to implement real responses to this overcrowding. Most recently, DHS received approval from this Board to contract with private hospitals for beds for when the hospital becomes severely and dangerously

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Ridley-Thomas \_\_\_\_\_

Yaroslavsky \_\_\_\_\_

Antonovich \_\_\_\_\_

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overcrowded. The next step is to ensure that we actually utilize those beds at the very point when it becomes necessary. This means knowing exactly when patients need to be transferred out of LAC+USC elsewhere, and then ensuring that those transfers actually happen.

I THEREFORE MOVE THAT the Department of Health Services implement all possible internal and external institutional responses to avoid “severe” and “dangerous” overcrowding at the LAC+USC Medical Center. As overcrowding increases, the degree of response must escalate to prevent or mitigate a “severe” or “dangerous” overcrowding situation. This response must include transferring as many patients as necessary to ensure that the LAC+USC Emergency Room has, on average, no more than 13 emergency department patients waiting to be transferred from the ED to a hospital bed, and that these patients wait, on average, no longer than 11 hours to be admitted.

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